## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 383 Primary Registration District No. 5655 Registrar's No. Registration District No. \_\_\_\_\_ DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY . STATE Missouri b. COUNTY VS 300 AMENDED admission) Jasper Lawrence Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits Joplin TOWN Yes 🔂 No 🛘 64 days Mxxx Mt. Vernon c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS INSTITUTION Mo. State Sanatorium 1302 Illinois Yes 🗌 No 🗓 Yes 🔲 No 😡 3. NAME OF DECEASED Firet Middle 4. DATE Year Last Month Day 3 (Type or print) DEATH 1962 Franklin Sept. Homer Matthews 0 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married □ Never Married □ 8. DATE OF BIRTH Months Widowed 🖅 Divorced [ 70 8-1-92 2 Male White 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during\_most of working life, even if retired) Foundry worker Missouri USA Foundry 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 0 S Garret Frances Matthews Martha Jane Dodson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL SECURITY NO. 17. INFORMANT Ş (Yes, no, or unknown) [(If yes, give war or dates of service NOTE) San. records. Mo. State San., Mt. Vernon, Mo. 1621,A 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 Bronchogenic carcinoma with pleural involvement 6 mo. + IMMEDIATE CAUSE (a) 11 EAD Conditions, if any, DUE TO (b) NST which gave rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. Pulmonary kuberculosis Far Advanced, Active □ No ☐ Unknown AMENDMENT 204. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. p.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK | NOT WHILE AT WORK | farm, factory, street, office bldg., etc.) *IYPEWRITER* to Sept. 7, 1962 and last saw him alive on Sept. 7, REA July 5. 21. I attended the deceased from. Death occurred at 1:00 p.m. SHOULD m on the date stated above, and to the best of my knowledge, from the causes stated. 22b. ADDRESS (Degree or title) 22c. DATE SIGNED 6 22a. SIGNATURE Mo. State San., Mt. Vernon, Mo. 9-7-62 AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a, BURIAL, CREMATION, (State) Š REMOVAL (Specify) Remova 1 25. DATE RECD. BY LOCAL REG. ž ADDRESS (Licensed Embaimer's Statement on Reverse Side)

| Toponic | Toponic | Toponic | Sepan | Sepan

្នាស់ពីង ខេត្តម មាល់ខ្

Contact of the contact of the course of the contact of the contact

## STATEMENT BY LICENSED EMBALMER

ರ್ಣಾಗಿತ್ರಗಳ ಇಂ ಬಳಕ್ಕೆ ನಿರಾಗಿಗಳ

1.000

	reby, certify	that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,	•
or by		<del>ाली हाम है। इस स</del>	Student Embalmer No.	
working und	der my perso	nal supervision.		
Student		<del></del>	Signed May I Trisiel	
	Signat	ure of Student Embalmer	1/2 5	
· rest	aucr	2000 1000	Licensed Embalmer No. 7252  P. O. Address Merron	la

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply ...with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.